

Docket No.: _____

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter claimed and for which a patent is sought on the invention entitled LATCH-UP

RESISTANT CMOS STRUCTURE

the specification of which

☒ [X] is attached hereto ☐ [] was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority or provisional application benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate, or provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate, or provisional application(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) or U.S. Provisional Application(s):	Priority Claimed
Number Country Day/Month/Year	Yes No
98-62565 Korea 30 December 1998	X

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U. S. Application(s):	Filing Date	Status: Patented, Pending, Abandoned
Serial No.		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorney(s) and/or agent(s): Daniel Y.J. Kim, Registration No. 36,186 and Mark L. Fleshner, Registration No. 34,596, Carl R. Wesolowski, Registration No. 40,372, John C. Eisenhart, Registration No. 38,128, and Rene A. Vazquez, Registration No. 38,647, all of

The Law Offices of
FLESHNER & KIM
P. O. Box 221200
Chantilly, Virginia 20153-1200

with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and all future correspondence should be addressed to them.

Full name of sole or first inventor: Joo-Hyong LEE

Inventor's signature: [Signature]

Date: Feb 24 1999

Residence: Hyosung Apt. 303-308, 362, Biha-dong, Heungduk-gu, Cheongju-shi

Citizenship: Republic of Korea

Chungcheongbuk-do, Korea

Post Office Address: Hyosung Apt. 303-308, 362, Biha-dong, Heungduk-gu, Cheongju-shi
Chungcheongbuk-do, Korea

Full name of joint inventor(s):

Inventor's signature:

Date:

Residence:

Citizenship:

Post Office Address:

Full name of joint inventor(s):

Inventor's signature:

Date:

Residence:

Citizenship:

Post Office Address:

Full name of joint inventor(s):

Inventor's signature:

Date:

Residence:

Citizenship:

Post Office Address:

Full name of joint inventor(s):

Inventor's signature:

Date:

Residence:

Citizenship:

Post Office Address: